

EXHIBIT G

to

**DECLARATION OF SUSAN PHILIP, MD, MPH, IN
SUPPORT OF DEFENDANT CITY AND COUNTY
OF SAN FRANCISCO'S OPPOSITION TO
PLAINTIFFS' MOTION FOR PRELIMINARY
INJUNCTION**



City and County of San Francisco
Daniel L. Lurie
Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

April 1, 2025

SFDPH Pilot Policy: Connections to Treatment and Safer Use Supplies Distribution

Dear Valued Community Partner,

First, thank you for what you and your teams do for the San Franciscans we all serve together.

As you know, San Francisco Mayor Daniel Lurie issued an [Executive Directive](#) on March 18, 2025 that outlined new initiatives around public health and homelessness.

Within that directive, Mayor Lurie called for the San Francisco Department of Public Health (SFDPH) to “Reassess policies for distribution of fentanyl smoking supplies in public spaces and re-focus on access to longstanding evidence-based public health interventions (e.g., clean needles exchanges) alongside strategies to connect individuals to evidence-based treatment and recovery strategies.”

In alignment with the directive, **we are sharing with you today that beginning April 30, 2025, all SFDPH funded programs that distribute any safer use supplies must include proactive counseling (e.g. with motivational interviewing) and connections to treatment.**

In addition, **SFDPH funded programs will no longer distribute safer smoking supplies (foil, pipes, and straws) in public spaces.** Programs will be moved indoors or into SFDPH approved controlled spaces. SFDPH has been engaging with programs that provide these services and is working to transition most programs by April 30, 2025, and all programs by May 30, 2025.

The shift of making safer use smoking supplies available only in controlled environments aims to create opportunities to motivate participants to enter treatment and engage in other health care services, while maintaining evidence-based interventions.

While we are adjusting the approach to safer smoking supplies, we are not backing away from proven, evidence-based health interventions. The Department will continue to base our public health decisions on the evidence and data.

We are not changing the policy for where sterile syringes can be distributed because sterile syringe access programs are backed by decades of peer-reviewed, evidence-based studies that have shown these programs to reduce transmission of HIV and Hepatitis C. Research also shows that participating in syringe access and overdose prevention programs increases the likelihood of entering treatment by two to five times.

Our policy adjustment to move distribution of safer smoking supplies indoors or out of public spaces –

and to pair any supply distribution with proactive counseling and treatment referrals – is the result of considering multiple factors.

- o First, the distribution of safer smoking supplies does not have the same breadth or rigor of evidence-based studies as sterile syringe access.
- o Second, as a department, we must also consider the overall community health impact of our interventions.
- o But third, at the same time, there is ample evidence that safe supply programs in general can help to serve as vital contact points for engaging people in treatment and in their health.
- o Hence, we are maintaining the distribution of safer smoking supplies as a tool in our public health toolkit but shifting it indoors / into more controlled spaces that will help us be more successful in engaging and connecting people into treatment.

We will be monitoring overdose, HIV, and Hepatitis C rates, using data to guide future policies. To support our community-based organizations (CBOs) in successfully implementing this policy, DPH is reallocating additional funding to help affected CBOs that do this work meet these requirements.

We recognize this is an important shift, but the public health crisis at hand requires new approaches. Details of this policy are in the attached document.

I also wanted to note that this policy shift is one part of an overall DPH roadmap for tackling the public health crises we are facing regarding behavioral health and homelessness. That roadmap includes:

- **Expanding treatment beds** and services at the right level of clinical intensity, from more outpatient services to locked psychiatric units.
- **Accelerating access** to stabilization and treatment.
- **Removing barriers** that prevent people from progressing in their treatment and recovery.
- **Increasing treatment and recovery options** across the spectrum. This mean using both low barrier treatment models as well as incorporating more recovery-oriented treatment options. It's an "and" not and "or", and the right treatment option will vary by individual.
- **Increasing rapid connection** to medications for opioid use disorder (MOUD) including buprenorphine and methadone.

Thank you again for your partnership, dedication and public service. Please reach out to your program manager with any questions.

With gratitude,

Dan Tsai

San Francisco Director of Health